

**Issue Classification**

(Assistant Examiner) (Date)

SUSAN UNGAR, PH.D  
PRIMARY EXAMINER

**Total Claims Allowed:**

(Legal Instruments Examiner) (Date)

(Primary Examiner)

(Date)

**O.G.**  
**Print Claim(s)**

O.G.  
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1	8	31		61		91		121		151		181		
	2	9	32		62		92		122		152		182		
	3	10	33		63		93		123		153		183		
	4	11	34		64		94		124		154		184		
	5	12	35		65		95		125		155		185		
	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
	9		39		69		99		129		159		189		
	10		40		70		100		130		160		190		
	11		41		71		101		131		161		191		
1	12		42		72		102		132		162		192		
	13		43		73		103		133		163		193		
	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
2	19		49		79		109		139		169		199		
3	20		50		80		110		140		170		200		
4	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
5	24		54		84		114		144		174		204		
6	25		55		85		115		145		175		205		
7	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		